Summary of PBHCI Alumni Interviews

- ✓ 40 Interviews were conducted with alumni grantees
- ✓ 68% indicated they are providing primary care services at the same level or more than when they had the grant
- ✓ 65% are partnering with an FQHC or other healthcare provider to provide primary care services
- ✓ 78% are providing wellness programming at approximately the same amount or more than when they had the grant
- ✓ 90% are providing care coordination at the same amount or more than when they had the grant
- ✓ 73% are providing peer support services at approximately the same amount or more than when they had the grant

Lessons From PBHCI Graduates

- ✓ The stronger your partnership is the more likely you are to sustain integration.
  - Partnering organizations should be equally engaged in sustainability planning.
  - Your business and clinical model may change based on who has access to what billing or financing mechanisms.
  - Your integration model or partnerships may change based on long term vision.
- ✓ Plan for sustainability from day one.
- ✓ Understand all of the services being provided and functions of key staff.
  - Focus on the function, not necessarily the specific position as it exists today.
- ✓ Identify current and potential funding streams for each specific service/function.

More Lessons From PBHCI Graduates

- ✓ Develop strong relationships with payers, foundations, elected officials, and your mental health authority.
  - Host tours, participate in public forums, use your state associations/networks.
- ✓ Use your data to inform sustainability and demonstrate your impact.
- ✓ Tell your story.

Best Practices: Using Data to Make the Business Case

- ✓ Identify your most compelling outcomes
  - Health indicators (physical health and behavioral health)
  - Patient satisfaction
  - Cost savings (particularly reductions in ER utilization, hospital admissions/readmissions)
- ✓ Develop fact sheets or other collateral materials with strong visuals
- ✓ Collect patient/client testimonials (give a human face to your data!)
- ✓ Identify opportunities to share your data
  - Earned media
  - Open houses
  - Meetings with key stakeholders

Non-Financial Aspects of Sustainability

- ✓ Reflect organizational values specific to integrated care in strategic plan, mission, vision, and business plan.
- ✓ Promote organizational culture change through leadership, consistent messaging, staff training, and capacity building.
- ✓ Institutionalize integrated care through HR policies, clinical protocols and workflows, etc.

Maximizing Billing Opportunities and Value-based Payment

Sustainability- Practice Level

- ✓ Know your costs
- ✓ Gauge what is and is not reimbursable
- ✓ Maximize billing
- ✓ Identify productivity requirements
- ✓ Ensure an adequate payer mix
- ✓ Create efficiencies
- ✓ Prepare for value-based payment

Often Not Reimbursable…

- ✓ Up front costs
- ✓ Warm hand offs
- ✓ Huddles, staffing, and collaborative care meetings
- ✓ Provider to provider consultation
- ✓ Peer Specialist
- ✓ Health/Wellness Coach
- ✓ Care Coordination/Care Management
- ✓ Time spent on Continuous Quality Improvement
- ✓ Professional development/training

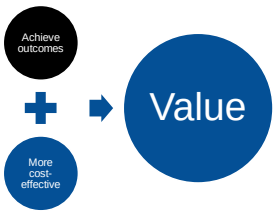
Maximize Billing

- ✓ Assist patients in navigating benefits acquisition.
- ✓ Assess all services being delivered to determine what is – or could be – reimbursable.
- ✓ Ensure staff providing services have appropriate credentials/licensures.
- ✓ Use a certified coder; ensure correct codes are in the billing system; train finance staff in billing for primary care, behavioral health, and care coordination.
- ✓ Capture all non-billable services, as well.

Creating Efficiencies

- ✓ Build screening into existing workflows without devoting additional staff time to the process.
- ✓ Ensure staff are working "to the top of their licensure."
- ✓ Establish productivity guidelines/standards.
- ✓ Use concurrent documentation where possible.
- ✓ Reduce no shows.
- ✓ Monitor impact on productivity.

What is Value-Based Payment?



- Shifts the focus from traditional fee-for-service (FFS) systems that pay for volume of services to alternative payment models that reward high-quality, cost-effective care.
- There is a continuum of payment methodologies, with increasing levels of accountability and financial risk to the provider.

What is Value-Based Payment?

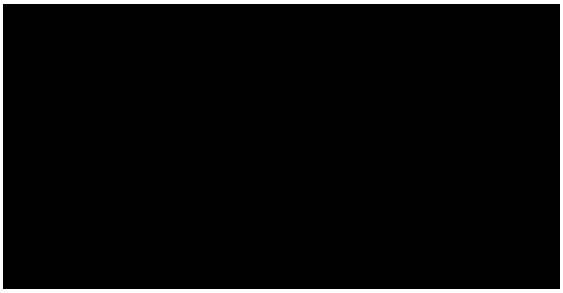


Figure 1. APM Framework (At-A-Glance)

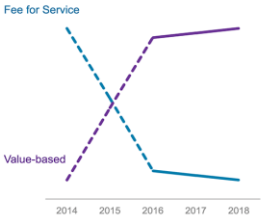
APM = Alternative Payment Model

https://hcp-lan.org/

Value-Based Payment and Sustainability

- ✓ Incentives/pay-for-performance funds may be reinvested in integrated services.
- ✓ Primary care medical home or behavioral health home per member per month payments may support care coordination.
- ✓ Population based payments or capitation require - and may help pay for - population health management.
- ✓ With increased responsibility and financial risk may also come increased flexibility in how funds are allocated.
- ✓ Medicare, State Medicaid agencies and MCOs, and private payers are increasingly utilizing value-based payment in their contracts.

Acceleration of Value-Based Payment CMS



HHS Value-Based Payment Goals

2016
30% of contracts will have alternative payment models (such as ACOs or bundled payments). 85% will be tied to quality or value through programs such as VBP or readmission reduction.

2018
50% of contracts to be tied to alternative payment models and 90% to quality or value overall.

Source: HHS Press Release, January 26, 2015

HHS = Health & Human Services, **CMS** = Center for Medicare/Medicaid Services, **ACO** = Accountable Care Organization, **VBP** = Value Based Payment

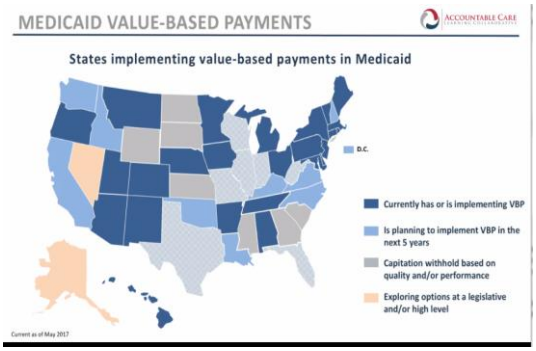
What is MACRA?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a bipartisan legislation signed into law on April 16, 2015.

MACRA created the Quality Payment Program that:

- Repeals the Sustainable Growth Rate formula
- Changes the way that Medicare rewards clinicians for value over volume
- Streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS)
- Exempts physicians from MIPS if they participate in eligible alternative payment models (APMs)

Source: CMS



Medicaid Value-Based Payment in Behavioral Health

Source: Center for Healthcare Strategies, June 2017

Exhibit 3: Overview of State Models

State	Program Scope	Medicaid Population Covered	Behavioral Health Delivery Model	VBP Strategy Based on LAN APM Framework*	Authority
Arizona	Statewide	Individuals with a serious behavioral health diagnosis	Specialty managed care carve-in	RBHAs choose strategies from Categories 2, 3 or 4	MCO contract requirements via 1915(b) waiver
Maine	Defined communities	Individuals receiving services in "Accountable Communities"	Medicaid ACO	Category 3	State Plan
New York	Statewide	Individuals with specific chronic conditions, including behavioral health	Managed care carve-in/ specialty managed care carve-in	Both Categories 3and 4	Delivery System Reform Incentive Payment (DSRIP) Program, 1115 waiver
Tennessee	Statewide	Individuals with a behavioral health diagnosis and/or meets related utilization criteria	Managed care carve-in	Category 2	State Plan
Pennsylvania	Statewide	Individuals with a co-occurring serious behavioral/ physical health condition	Managed care carve-out	Medicaid MCO pay-for-performance**	MCO contract requirements via 1915(b) waiver

Certified Community Behavioral Health Clinics (CCBHCs)

- Minnesota
- Missouri
- New York
- New Jersey
- Nevada
- Oklahoma
- Oregon
- Pennsylvania

Table 1. Rate Elements of CC PPS-1 and CC PPS-2

Rate Element	CC PPS-1	CC PPS-2
Base rate	Daily rate	Monthly rate
Payments for services provided to clinic users with certain conditions[12]	NA	Separate monthly PPS rate to reimburse CCBHCs for the higher costs associated with providing all services necessary to meet the needs of special populations
Update factor for demonstration year 2	Medicare Economic Index (MEI)[13] or rebasing	MEI or rebasing
Outlier payments	NA	Reimbursement for portion of participant costs in excess of threshold
Quality bonus payment	Optional bonus payment for CCBHCs that meet quality	Bonus payment for CCBHCs that meet quality measures detailed

Provider Readiness for Value-Based Contracts

Do you…

- Know the actual unit costs?
- Understand the patient population?
  - Utilization patterns
  - Morbidity
  - Risk stratification
- Understand what data the program collects and/or has access to?
- Utilize continuous quality improvement?
- Utilize population health management tools?
- Know how much financial risk is acceptable?

Small Group Discussions - Sustainability

1. Break into groups based on interest area – what may be challenging to sustain?
   - ✓ Peer health coaching
   - ✓ Wellness services
   - ✓ Care coordination/care management
   - ✓ Primary care services
2. Discuss the questions.
3. Reconvene to report out and share recommendations with the larger group.

Sustainability Discussion Questions:

- ✓ What conversations do you need to have internally with finance staff? Do you know the actual cost of providing these services, what is currently billable and what is not? Are there changes you would need to make to your service model to make those services billable? Is it worth it?
- ✓ What data do you have access to and how can you use that data to help with sustainability?
- ✓ Will sustainability require any changes to your current partnerships or business model?
- ✓ How can your organization, either alone or in conjunction with other PBHCI sites or state associations, advocate for changes within the state Medicaid program, within MCOs or other payers?
- ✓ How is your organization working to prepare for value-based payment?

CIHS Resources

Sustainability Checklist
https://www.integration.samhsa.gov/PBHCI_Sustainability_Checklist_revised.docx

"Sustaining Integrated Services Report - Lessons Learned from PBHCI Alumni"
https://www.integration.samhsa.gov/pbhci-learning-community/Sustainability_Report.pdf

Value-based Payment Innovation Community
https://www.integration.samhsa.gov/about-us/innovation_communities_2018#value_based_payment_IC

PBHCI Graduates Sustainability Interviews – in progress!

Individualized Technical Assistance